FILE NOW: FILING FEE IS $61.25

APPROVED
AND
FILED
97 JUL 18 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39099

1. Corporation Name

CORAL PALMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business / Mailing Address

6700 N.W. 88TH AVENUE (N. PINE ISLAND ROAD)
TAMARAC, FLORIDA 33321

3. Date Incorporated or Qualified: 7/16/90
3a. Date of Last Report: 1/96.

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0315889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Frank Rossell
6740 N.W. 88th AVENUE
TAMARAC, FLORIDA 33321

10. Name and Address of New Registered Agent

81 Name: ANTHONY P. LUCCA
82 Street Address (P.O. Box Number is Not Acceptable): 6708 N.W. 88th AVENUE
83
84 City: TAMARAC, **FL** 85 Zip Code: 33321

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Anthony P. Lucca President — 7/2/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S John Romano 6786 N.W. 88th Avenue ~~Tamarac, Florida 33321~~ ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Director D Myron Kaplan 6712 N.W. 88th Avenue Tamarac, Florida 33321 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Frank Rossell 6740 N.W. 88th Avenue, TAM, FL 33321 ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP Sonny Gentile 6706 N.W. 88th Avenue Tamarac, Florida 33321 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Christina Trimmer 6794 N.W. 88th Avenue Tamarac, FL 33321 ☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	P Anthony P. Lucca 6708 N.W. 88th Avenue Tamarac, Florida 33321 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Mikes 6746 N.W. 88th Avenue Tamarac, Florida 33321 ☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	~~Treasurer~~ D Shirley A. Lucca 6708 N.W. 88th Avenue Tamarac, Florida 33321 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	~~Secretary~~ D Arlene Goldstein 6796 N.W. 88th Avenue Tamarac, Florida 33321 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	300002241[illegible]-W -07/25/97--01109--002 *****61.25 *****61.25 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley A. Lucca — 7/2/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036117